K 941172

JUN 2 3 2000

CP Medical

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510(k) SUMMARY

"This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1999 and 21 CRF 807.92."

Applicant:

C.P. Medical

836 N.E. 24th

Portland, OR 97232 Tele: (503) 232-1555 Fax: (503) 230-9993

Contact

Patrick J. Ferguson (President)

or

Thomas R. Brammer (V.P. Manufacturing)

Date:

February 5, 2000

Name of Devise:

Common or Usual Name:

Polyester Nonabsorbable Surgical Suture

Classification Name:

Suture, Nonabsorbable, Synthetic, Polyester

Polyester Nonabsorbable Surgical Sutures USP, manufactures by C. P. Medical, are equivalent to TI-cron™ Polyester Nonabsorbable Surgical Sutures, USP, manufactured by USSC / Davis & Geck.

The Polyester Nonabsorbable Surgical Suture ,USP, manufactured by C. P. Medical and USSC / Davis & Geck are braided and coated with silicone. The C. P Medical Polyester suture is dyed green (D&C Green No.6). USSC / Davis & Geck's Ti-cron™ is dyed blue (D&C Blue No. 6).

The Polyester Nonabsorbable Surgical Sutures USP are indicated for use in general soft tissue approximation and/or ligation included use in Cardiovascular, Ophthalmic and Neurological procedures.

Testing of suture diameter, suture length, knot pull tensile strength and needle attachment strength according to methods described in USP 24 demonstrates that C. P. Medical Polyester Nonabsorbable Surgical Suture meet or exceed USP specifications and are equivalent in terms of the above parameters to Polyester Nonabsorbable Surgical Sutures manufactured by USSC / Davis & Geck.

Patrick J. Ferguson



JUN 2 3 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Patrick Ferguson President CP Medical 836 N.E. 24th Avenue Portland, Oregon 97232

Re: K001172

Trade Name: Polyester Nonabsorbable Surgical Suture

Regulatory Class: II Product Code: GAT Dated: April 11, 2000 Received: April 11, 2000

Dear Mr. Ferguson:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices that were regulated as transitional devices and that have been reclassified into class II. Notice of this reclassification was published in the Federal Register on Friday, May 31, 1991 (Vol. 56, No. 105, Pages 24684 and 24685). A copy of this Federal Register can be obtained by calling the Division of Small Manufacturers Assistance (DSMA) at (800) 638-2041 or (301) 443-6597. You may, therefore, market the device, subject to the general controls provisions of the Federal Food, Drug, and Cosmetic Act (Act) and the following limitations:

- 1. The Polyester Nonabsorbable Surgical Suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.
- 2. This device may not be manufactured from any material other than high molecular weight fibers composed of long chain linear polyester having recurrent aromatic rings as an integral component. In addition, you must maintain documentation at your premises regarding vendor certification for raw or semiprocessed source material, all manufacturing and quality control release procedures, and validation of sterilization procedures used in the manufacture of the Polyester Nonabsorbable surgical suture. Any deviation of the source material or processing as described in this 510(k) notification requires submission of a new premarket notification and Food and Drug Administration (FDA) clearance prior to commercial distribution of the modified device.

The sale, distribution and use of this device are restricted to prescription use in accordance with 21 CFR 801.109.

The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practices, labeling, and prohibition against misbranding and adulteration.

Existing major regulations affecting your device can be found in the Code of Federal Regulations (CFR), Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practices (GMP) for Medical Devices: General GMP regulation (21 CFR Part 820) and that, through periodic GMP inspections, The Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control Provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Donne R. Lochner.

Director

Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

510(k) Number if known K 40 11	12	rage Lot i
Device Name Polyester Nonabsorbable S	Surgical Suture	
Indication for Use:		
General soft tissue approx Ophthalmic and Neurolog	imation and/or ligation ical procedures	including use in Cardiovascular,
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(PLEASE DO NOT WRITE BELOW THIS L	LINE-CONTINUE ON AN	OTHER PAGE IF NEEDED)
Concurrence of CDRI	II, Office of Device Ev	raluation (ODE)
	Devise Sign-Of Division Gener 510(k) Humber	al Restorative Devices
Prescription Use: X (Per 21 CFR 801.109)	OR	Over-The-Counter Use(Optional Format 00-00-00)